Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Child and Adolescent Needs and Strengths (CANS)

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

The following payment policy applies to Tufts Health Plan contracting providers who render services for Tufts Health Plan products.

Note: Audit and disclaimer information is located at the end of this document.

Policy

Tufts Health Plan covers the administration of the CANS assessment as part of the Children's Behavioral Health Initiative (CBHI) for members under the age of 21, in accordance with the member's benefits.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting Provider Services.

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referrals, Prior Authorizations, and Notifications chapter of the Tufts Health Public Plans Provider Manual.

Prior authorization is **not** required for CANS assessments administered by in-network providers. Prior authorization is required for CANS assessments administered by nonpreferred in-network and out-of-network providers.

Billing Instructions

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Providers may bill up to two CANS assessments per member, per treatment episode, per benefit year. Both assessments may be performed and billed on the same date of service. Providers may bill for a new set of codes and applicable modifiers at six-month intervals with the same provider.

Outpatient Services
Submit CPT code 90791 (psychiatric diagnostic procedures) with modifier HA (child/adolescent program) in the MOD1 field and the appropriate licensure-level modifier in the MOD2 field. Claims not billed with the appropriate CPT and modifier combinations may deny.

CANS assessment is required upon enrollment and every 90 days thereafter. The assessment is billed as part of the typical day/unit rate. Reassessments are required at least every 180 days (or more often as clinically appropriate).

Inpatient Services
CANS assessment must be completed within 2 weeks of discharge from the facility. The assessment is billed as part of the daily inpatient rate.

Licensure-Level Modifiers
This list of licensure-level modifiers may not be all-inclusive.

Code	Description
AF	Specialty Physician
AG	Primary physician
AH	Clinical psychologist
AI	Principle physician of record
AJ	Clinical Social Worker
AM	Physician, team member service
HL	Intern
HM	Less than bachelor's degree level
HN	Bachelor's degree level
HO	Master's level
HP	Doctoral Level
SA	APRN
SJ	Master's Level Clinician
TD	Registered Nurse
U1	Psychiatrist
U3	Psychologist Intern
U4	Masters level intern
U6	MD/DO
UA	MD
UG	Child Psychiatrist

Compensation/Reimbursement Information

Providers are compensated according to the applicable network contracted rates and applicable fee schedules.

Related Policies and Resources

- Behavioral Health Performance Specifications
- MassHealth CBHI: CANS

Publication History

- May 2026: Annual policy review; administrative updates
- April 2025: Annual policy review; administrative updates
- April 2024: Annual policy review; administrative updates
- December 2023: Updated CANS reassessment time frames, effective for DOS beginning October 31, 2023 per EOHHS; template updates
- May 2023: Annual policy review; administrative updates
- March 2022: Annual review; no changes
- October 2020: Added licensure-level modifiers to Billing Instructions section

- November 2018: Policy reviewed; clarified billing instructions
- March 2018: Template updates
- February 2017: Template updates

Background and Disclaimer Information

This policy applies to the products of Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.